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## \*BIBDATASHEET\*

CONFIRMATION NO. 9860

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/053,351	<b>FILING OR 371(c) DATE</b> 01/15/2002 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2614	<b>ATTORNEY DOCKET NO.</b> 1796.1006C2
<b>APPLICANTS</b> David D. Goodman, Arlington, VA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/639,130 08/15/2000 ABN which is a CON of 09/113,526 07/10/1998 PAT 6,192,399 which is a CON of PCT/US98/11197 06/01/1998 and claims benefit of 60/052,225 07/11/1997 and claims benefit of 60/052,301 07/11/1997 and claims benefit of 60/056,458 08/21/1997 and claims benefit of 60/067,854 12/05/1997 and claims benefit of 60/074,078 02/09/1998 and claims benefit of 60/079,304 03/25/1998 and claims benefit of 60/079,305 03/25/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 02/13/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 39	<b>TOTAL CLAIMS</b> 59
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> 61275				
<b>TITLE</b> TWISTED PAIR COMMUNICATION SYSTEM				
<b>FILING FEE RECEIVED</b> 3580	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	